

**FIRST CHURCH OF THE OPEN BIBLE**



**REGISTRATION FORM**

(Please Print)

Today's date:				Office Use Only:			
<b>CHILD'S INFORMATION</b>							
Child's last name:		First:	Middle:			Parent's Marital status (circle one) Single / Mar / Div / Sep / Wid	
Grade:	School Name:	Known Allergies:		Birth date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:						Home phone no.: ( )	
P.O. box:		City:		State:		ZIP Code:	
						( )	
How did you hear about Grow 252 Ministries?							
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Home church <input type="checkbox"/> Social Media <input type="checkbox"/> Other							
Other family members here:							

<b>PARENT/GUARDIAN INFORMATION</b>			
Parent/Guardian Name:	Birth date:	Address (if different):	Home phone no.:
	/ /		( )
Do you attend FCOB? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Best way to contact:	Willing to volunteer with children's classes:	Email Address:	Cell Phone no.:
			( )
May we post photo's of your child on the First Church Of the Open Bible's Facebook Page:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
May we use your child's photo for promotional purposes:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exit Passport:		<input type="checkbox"/> Yes <input type="checkbox"/> No    Sibling Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>IN CASE OF EMERGENCY</b>			
Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.:	
		( )	
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> </div> <p><i>Patient/Guardian signature</i> <span style="float: right;"><i>Date</i></span></p>			